

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2752A (Rev. 13-03)		REPORT OF EQUIPMENT FAILURE ON INSPECTED VESSEL		REPORTS CONTROL SYMBOL MVI-4036	
		DATE			
<div>INSTRUCTIONS</div> <div>1. Officers-in-Charge, Marine Inspection, shall submit this report direct to the Commandant with a copy to the appropriate District Commander whenever an inspected vessel suffers failure of items of approved equipment such as life preservers, or of approved systems such as carbon dioxide extinguishing systems, or of non-approved systems where a dangerous condition results. Form CG-2752 should be used to report structural damage as a result of structural failure, collision or fire/explosion.</div> <div>2. To eliminate presumption of oversight, enter "NA" under items which are not applicable and indicate as UNKNOWN or NONE items which these terms describe. Where exact or actual information is not available, enter estimate and label "EST".</div>					
FROM: Officer-in-Charge, Marine Inspection,			TO: Commandant (G-MSE) VIA <input type="checkbox"/> Commandant (G-MOC)		
I. DESCRIPTION OF VESSEL					
NAME		OFFICIAL NUMBER		TYPE (Tank, freight, passenger, etc.)	
GROSS TONS		REG. LENGTH		HULL MATERIAL	
MARITIME ADMIN. DESIGN (None, Liberty, C-1, T-2, etc.)		BUILDER		HULL NUMBER (Builder's)	
OWNER		DATE COMPLETED			
OPERATOR					
II. CIRCUMSTANCES SURROUNDING CASUALTY					
DATE		TIME (Local)		SHIP'S LOCATION (Latitude and longitude; distance and true bearing from charted object, dock, anchorage, etc.)	
III. EQUIPMENT FAILURE					
EQUIPMENT WHICH FAILED (Identify)		MANUFACTURER		MODEL OR DRAWING NO. (Indicate which)	
PART WHICH FAILED (Identify)		MANUFACTURER		CG APPROVAL NO.	
PART. PLAN OR DRAWING NO. (Indicate which)		DATE INSTALLED			
DESCRIPTION OF FAILURE					
DESCRIPTION OF DAMAGE RESULTING FROM FAILURE (Include damage done to other machinery or parts)					
CAUSE OF FAILURE					
IV. DISPOSITION OF EQUIPMENT					
<div><input type="checkbox"/> SCRAPPED</div> <div><input type="checkbox"/> TEMPORARY REPAIRS (Describe)</div> <div><input type="checkbox"/> PERMANENT REPAIRS (Describe)</div> <div><input type="checkbox"/> OTHER (Specify and describe)</div>					
REPORT INCLUDES INFORMATION UP TO THIS DATE		NAME AND TITLE (Typed)		SIGNATURE	